



## Employee Agreement

I, \_\_\_\_\_ (print your name), acknowledge that I have been hired as an at-will leased/ assigned employee of INVO PEO (hereafter referred to as "INVO") which is a Professional Employer Organization (PEO) and agree to the following:

I understand and agree that I am employed in a co-employment relationship where the duties and responsibilities that are applicable to me are set forth in the Client Service Agreement entered between the client for whom I am working and INVO. I understand that there is no contract of employment between myself and INVO and that INVO has no liability with regards to any employment agreement between me and the client for whom I am working. I understand that either INVO or I can terminate this co-employment relationship at any time as I am an at-will employee.

I understand that INVO's client at all times ultimately remains obligated to pay me my regular hourly rate of pay if I am a non-exempt employee and to pay me my full salary if I am an exempt employee, In the case that INVO does not receive payment from the client for whom I am working for and for service which I have performed. I understand and agree that INVO does not assume responsibility of payment of bonuses, commissions, severance pay, deferred compensation, profit sharing, vacation, sick or other paid time off, or for any other payments where payment for such items has not been received by INVO from the client for whom I am working, however, INVO does assume this responsibility where such payment has been received from the client.

I recognize the fact that any work-related injuries which might be sustained by me are covered by the state workers' compensation statutes. To avoid the circumvention of such state statutes which may result from suits against the customers or clients of INVO or against INVO based upon the same injury or injuries, and to the extent permitted by law, I hereby waive and forever release any rights I might have to make claims or bring suit against any client or customer of INVO for damages based upon injuries which are covered under such workers' compensation statutes. I also agree to comply with any and all drug testing policies which may be adopted and I specifically agree to post-accident drug testing in any situation where it is allowed by law.

I agree and understand that if at any time during my employment I am subjected to any type of discrimination, including discrimination because of race, sex, disability, color, age, national origin, ancestry, religion, veteran status, military status, union status, or in retaliation, or if I am subjected to any type of harassment, including sexual harassment, that I will immediately contact an appropriate person in the client company for whom I am working. I understand and agree that INVO does not have actual control over my workplace and as such is not in any position to end or remediate any discrimination, harassment or retaliation which may be occurring. The responsibility to end such inappropriate conduct will rest with the client company; however, INVO may attempt to facilitate a resolution. Should I choose to not contact the client company for any reason, I may contact INVO's human resources department at 1-866-986-0118 in order to obtain assistance in the resolution of such matters.

I understand and agree that as an assigned employee of INVO that I am expressly prohibited from performing any work outside the state in which I am currently performing services (the "home state") for the client during my status as an assigned employee except as allowed pursuant to the workers' compensation benefits through INVO or the applicable workers' compensation carrier.

I understand and agree that in the event I am terminated from the client for whom I am working, that I am required as part of my co-employment with INVO to notify an INVO representative within 48 hours of my termination.

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Employee Signature

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Date